

Mrs. de Crespigny was a personal friend of mine. She was a scientist, and we had discussed those minor cases in which quick contact is often harmless, but this incident was quite different. I asked her how she could do such a thing, and she said she just felt she could. That was the explanation—auto-suggestion. Having served much in India, I often heard of this fire-walking—and of many tortures—and always held the same view, that auto-suggestion and ecstatic mental conditions at times entirely overrule our general scientific laws. In my own home I often pick up a tiny burning bit from my cigarette and get it into safety. But whether this is due to a scientific light touch or mental terror of "She-who-must-be-obeyed" is still an open question. Presumably in the case I have quoted Mrs. Hunter's hands were also found unmarked.

I am led to add a word on spiritualism, of which I have known a good deal. I am not a spiritualist, and I do not think spiritualists are dealing with the spirits of the dead; but, on the other hand, I am satisfied that many very curious manifestations are quite genuine, and include factors that would well repay both medical and purely scientific research.—I am, etc.,

London, W.8, Feb. 9th.

T. M. CORKER,
Major-General.

Birth Control

SIR,—Dr. A. J. Brock, in your current issue (p. 286), emphasizes a point of great importance—namely, "that birth control is a full-fronted attack on life." There are at last signs that this is becoming more recognized; soon I hope the full significance of the breach of a fundamental law of physiology and the dire consequences that ensue on it will be realized. Medicine is concerned mainly or wholly in safeguarding physiological laws, and its duty is to restore them to harmony when disturbed by pathological conditions. It is therefore strange indeed that medical propagandists of birth control should base their system on such a rotten foundation. Dr. Brock's plan appears impracticable, and in any case, before it can be set afoot the "super-bomb" will have destroyed the "super-city" and all will be over. Until our present pagan and materialistic outlook is changed there is no remedy, and "birth control has come to stay" to sap our national life.—I am, etc.,

Prestatyn, Feb. 9th.

W. THOMAS.

SIR,—While agreeing with much that Dr. G. H. Alabaster says in his letter published on January 18th (p. 135), I must differ from him on his statement that the strength of a population is not a vital matter for municipal authorities and "birth extinction enthusiasts," if, as I take it, "birth extinction" is a misnomer for "birth control." It is just because they rate so highly the strength of a population that some 180 maternity and child welfare authorities in this country are taking some steps under the Ministry of Health memoranda relating to the provision of birth control advice. Is Dr. Alabaster aware that out of the 3,805 maternal deaths analysed by the Departmental Committee of the Ministry of Health, 514 were due to lung disease, tuberculosis, kidney disease, and heart disease, and 470 to abortion? And it is for the same reason that most rational people to-day are anxious that medical advice on birth control shall be available to all parents who are determined only to produce children for whom they can provide food, clothing, and an adequate chance of healthy citizenship.—I am, etc.,

London, S.W.1, Feb. 10th.

M. PYKE,
Secretary, National Birth
Control Association.

Obituary

SIR CHARLES BALLANCE, K.C.M.G., C.B.
M.S., F.R.C.S.

Consulting Surgeon to St. Thomas's Hospital, and to the National Hospital, Queen Square

We regret to announce the death on February 8th, at his home in St. John's Wood Court, N.W., of Sir Charles Ballance, the distinguished surgeon who made many important contributions to surgical research.

Charles Alfred Ballance was born in a northern suburb of London in August, 1856, and, after being educated privately, entered the medical school of St. Thomas's Hospital as a member of London University in 1875. He took his degrees in the University, and gained the gold medal in both the B.S. and M.S. examinations. He then proceeded to the Fellowship of the Royal College of Surgeons of England, and, having gone through the usual clinical appointments at St. Thomas's, he devoted the intervening period before the next surgical vacancy on the staff to research work, partly in this country and partly abroad. In that age this was perhaps a rash thing to do, for hospital memories tend to be short, and there was no lack of active competitors. As a matter of fact competition was so keen that peace was only preserved by the creation of an additional vacancy, which was awarded to Ballance. Very soon afterwards, in addition to his general surgical work, he took charge of the aural department, in which his original mind soon made itself felt. He was one of the first, if not the very first, in this country to perform the complete mastoid operation with ligature of the jugular vein and drainage of the lateral sinus. Somewhat later the practice of grafting, which has added so much to the success of this operation, was introduced as a result of a fruitful suggestion made by Ballance.

No doubt this distinguished work in connexion with the ear department had something to do with Ballance's appointment to the staff of the National Hospital for the Paralysed and Epileptic, Queen Square, where he worked with Sir Victor Horsley as colleague. In this post he attained still wider recognition in the realm of neurological surgery, as involving both the cranium and the vertebral column. But with all this extensive output of energy in clinical work Ballance never allowed his passion for research to flag, and it was characteristic of him that whatever form it took it nearly always had a distinct bearing on surgical practice. The earliest example of this was his extensive work upon the ligature of arteries and the light it threw upon the treatment of aneurysm. His other favourite subject was the grafting of nerves, with its possibilities particularly in the treatment of facial paralysis, while his study of the anatomical relationships of the temporal bone was dictated by his lifelong familiarity with the complications of middle-ear disease.

As if he was not already busy enough, in 1912 Ballance accepted the appointment of chief surgeon to the Metropolitan Police, which he held until 1926. During the war he served in the Near East as consulting surgeon with the rank of Colonel. Later on he received the K.C.M.G., and became a Knight of Grace of the Order of St. John



of Jerusalem. The Universities of Glasgow and Malta conferred honorary degrees upon him, and he was honoured in many other ways.

At the Royal College of Surgeons of England Ballance held all the offices in succession, from Vice-President downwards. He delivered the Bradshaw and Vicary Lectures, and as late as 1933 the theatre at the College of Surgeons was thronged by old friends and colleagues who came to hear him give the Lister Memorial Lecture. This was one of his latest appearances in public, and since then his health had been sadly failing.

And now, let us leave the scientist to say a few words about Ballance the man. He was of a fine presence, with deliberate movements and measured speech. This quality of deliberateness followed him even in his professional work, for with all his skill he is described as a slow operator. In his early days this used to be explained as a protest against the useless speed of which the older school of surgeons were inclined to boast, but the more likely explanation is that it was just part of the man. He was a little alarming until one got past the first contact, and his natural dignity made one think sometimes of Aristotle's "magnificent man"; but this first impression quickly melted, and the full warmth of his kindly nature soon shone through.

In domestic life Ballance appeared at his best, exercising a genial hospitality around the family board. He was most happily married to a lady of great social charm and an admirable hostess. After her death ten years ago Ballance did not seem the same man, and there is no doubt that he never fully recovered from the shock of her loss. But still another blow, the shock of which in his loneliness he was even less able to withstand, was to befall him some years later in the death of his only son. Alaric was idolized by his parents, and after his wife's death Sir Charles made his home with him at Hatfield, where he was engaged in general practice. Alaric was a son of whom any father might be proud. His attractive personality and exceptional ability ensured him the success which he obtained as well as the affection of the countryside. In the midst of this he was carried off with appalling suddenness by some acute infection. Thus for the second time Ballance was faced with the break-up of his home; for this it was, in spite of the loving care he received from his daughters. And this may be written down as the end.

H. G. T.

Sir Charles Ballance joined the British Medical Association in 1883. At the Annual Meeting in London in 1895 he was vice-president of the Section of Otology, and at the Belfast meeting in 1909 vice-president of the Section of Surgery. Among many contributions to the *British Medical Journal* we may recall his presidential address at the inaugural meeting of the Society of British Neurological Surgeons, which appeared in our issue of January 8th, 1927, under the heading "Remarks and Reminiscences"; and the full report on experimental investigations by Mr. Lionel Colledge and himself on the surgical treatment of paralysis of the vocal cord, and of paralysis of the diaphragm, published three months later. At the dinner held on November 27th, 1934, in commemoration of the first operation for brain tumour performed by Sir Rickman Godlee fifty years earlier, Sir Charles Ballance related some interesting personal experiences of surgery at that period.

For the following appreciation we are indebted to Sir CUTHBERT WALLACE, President of the Royal College of Surgeons of England:

Ballance's chief characteristic was his passion for research, which started early in his career and continued long after his active work as a surgeon ended: he even

journeyed to America when a favourable opportunity was given him to work in a laboratory there. Quite close to the end he was working in the newly opened research laboratories at the Royal College of Surgeons. His investigations covered much ground. His early work was on ligation of arteries, on which he published a sumptuous tome. Cranial surgery interested him very much, and a great deal of his later work was on the injuries of nerves and their cure by grafting or anastomosis. He had a very extensive acquaintance with the leaders in surgery both in this country and over the seas. As an operator he was slow, gentle, and painstaking, but inclined perhaps to lose sight of the time factor in its relation to the patient. As a teacher he did not appeal to the ordinary students, being as a rule a good bit above their heads. To the senior students and younger members of the staff he was a stimulus, and never lost an opportunity of helping them and assisting in any investigation. There was something very taking about him personally. He was a loyal man, both to his profession and to his country. He was full of ideas that were not always attainable. Many must remember his family life and his geniality as a host.

Mr. GEOFFREY JEFFERSON writes:

A brief eulogium ought to be put on record stating the debt that the younger neuro-surgeons of this country owe to Sir Charles Ballance. They are themselves for the most part fully aware of this, but statement of the fact will be a small act of thanks for great services. Ballance formed an important link with our neuro-surgical past. He was a Victorian who held the men of that time in the greatest veneration, and was proud that he had worked and moved among them. If he felt that there was no one to-day whose achievements or intellectual qualities could compare with those of times past, we were able to forgive him this errant viewpoint because of the urbane candour of its expression and his personal kindness to us all. He retained his interest in surgery remarkably, and as the years passed over his head they seemed to cast few shadows.

His continued activity in experimental research will be a matter of universal remark. However, it is not this that I wish to chronicle, for it is in itself remarkable enough. Ballance was the first president of the Society of British Neurological Surgeons. It was he who invited us to the remarkable dinner at the Athenaeum on the occasion of the foundation of the society, when he induced Sir David Ferrier to come out of his retirement to allow a younger generation to hear him speak. With him were Sir E. Sharpey-Schafer, Sir Grafton Elliot Smith, and Sir Arthur Keith. Had it not been for Ballance the society might have had more difficulty than it had in getting itself born. He was its first president, and characteristically refused to hold office for more than one year, insisting on relinquishing office for Wilfred Trotter to carry on. The society replied by making him honorary president. He was a regular attendant at meetings, and at the age of 77 he journeyed to Edinburgh and Aberdeen to show his films of experimental nerve anastomosis; and later to Manchester. Ballance belonged to an age in neuro-surgery which is past, and his chief value in discussion was his reminiscence of famous happenings of bygone days. Nevertheless, his comments on current trends and events were always most trenchant, and though he admired the past his wits were definitely in the present. He endeared himself to us all by his friendliness, his encouragement, and the genial banter of his conversation. He was extremely friendly towards his confreres of the United States, and showed a remarkable elasticity of mind in accommodating himself to their ideals in neuro-surgery. He valued greatly the friendship of W. W. Keen, Harvey Cushing, and Charles Frazier, to

name but a few. His work with his friend, Arthur Duel of New York, is well known. He instantly recognized the importance of John Beattie's work, which, though British, flowered first over-seas. This readiness to recognize greatness in others of non-British nationality, his own innate tendency to hero-worship, exerted a most important influence with the younger men here. We have known him only in old age, but if we could all live to own his years and to turn them to such good purpose we should enrich our time.

[The photograph reproduced is by Bassano, Ltd.]

WILLIAM HENRY BATTLE, F.R.C.S.

Consulting Surgeon, St. Thomas's Hospital

As briefly announced in our last issue, Mr. William Henry Battle, consulting surgeon to St. Thomas's Hospital, died on February 2nd at his home on Horsell Common, Woking, in his eighty-first year. Throughout the early years of this century he was well known for his writings on acute abdominal conditions, and in particular on the surgery of diseases of the appendix. A book on the latter subject, written in collaboration with Mr. Edred Corner, was published first in 1904, and Mr. Battle's clinical lectures on the acute abdomen, which appeared in book form in 1911, also passed into a second edition.

William Henry Battle was associated with St. Thomas's Hospital during the whole of his active career. After a distinguished pupilage in the medical school he obtained the diplomas of M.R.C.S. and L.S.A. in 1877, and in 1880 became a Fellow of the Royal College of Surgeons of England. From 1881 to 1885 he edited the St. Thomas's Hospital Surgical Reports, and about this time was elected assistant surgeon to the hospital and lecturer on practical surgery. In 1890 he was appointed Hunterian professor of surgery and pathology at the Royal College of Surgeons, jointly with William Watson Cheyne, John Langton, and Walter Pye. At the Royal Free Hospital and the East London Hospital for Children (now Princess Elizabeth of York Hospital) he served in turn as assistant surgeon and surgeon. At St. Thomas's, after promotion to full surgeon, he was appointed joint lecturer on systematic surgery. He joined the British Medical Association in 1883, and at the Annual Meeting at Carlisle in 1896 he held office as honorary secretary of the Section of Surgery.

Mr. Battle was for more than twenty years associated with the editorial staff of the *Lancet* as a writer on surgical subjects. He contributed an article on traumatic rupture of the intestines to the *Edinburgh Medical Journal* in 1907, and three years later chose intra-abdominal injuries as the subject of his oration before the Medical Society of London. Battle and Corner's *Surgery of the Diseases of the Appendix Vermiformis* was a useful clinical handbook which enjoyed well-deserved popularity during the ten years before the war; the authors stated in a clear-cut manner their views and their practice on the operative treatment of acute appendicitis. In his *Clinical Lectures on the Acute Abdomen* Mr. Battle put clearly and succinctly the various abdominal catastrophes that are met with, and indicated the treatment on broad lines. Young surgeons and family practitioners found in it a great amount of helpful information about very common but often desperate cases which make large demands on their professional skill and their strength of character.

Sir CUTHBERT WALLACE, P.R.C.S., writes:

Every surgeon has attributes by which he is remembered by those that he taught. In thinking of Battle the one thing that stands out in my memory was his devotion to his duty, as shown by his regularity of attendance at

St. Thomas's on his hospital days. Nothing seemed to interfere with his hospital work, and a student was sure to find him in his ward at the appointed time, and was equally sure of having a profitable afternoon. His teaching was simple, clear, direct, and seemed to supply just what the student wanted. This resulted in his having a large following whenever he appeared. He had a wide knowledge of the literature of his subject, and no doubt his constant writing for the journals crystallized useful data in his mind and enabled him to distinguish facts from theories, much to the advantage of those he taught. As a surgeon he may be described as sure and safe rather than brilliant. As an operator he was neat, quiet, and without fuss. Many men still practising must have grateful thoughts for Battle.

AMY SHEPPARD, O.B.E., M.B., D.P.H.

Consulting Ophthalmic Surgeon, Elizabeth Garrett Anderson Hospital

Dr. Amy Sheppard passed away on January 22nd in her country home at the age of 75. She was one of the early students of the London School of Medicine for Women, and took the M.B.Lond. in 1892 and the D.P.H.Camb. in 1898—the first woman to take this diploma. A wide reader; an amateur botanist, gardener, and sculptor; a keen Esperantist; a charter member of the Soroptimist Club, in which she was active and valued, she will be greatly missed by her many friends. Success as an ophthalmic surgeon naturally followed her intense devotion to her profession, and in addition to a wide private practice she gave her services to a large number of institutions, including the Women's Settlement Hospital, Canning Town; the Clapham Maternity Hospital; the Q.M.A.A.C. Hospital, Isleworth; the East London Hospital for Children, Shadwell; and the Royal London Ophthalmic Hospital. She was also on the council of the Medical Women's Federation for some years, and served on various committees.

The fame of Lieut.-Colonel Henry Smith, I.M.S., attracted her to India. Colonel SMITH writes:

"I have known Dr. Amy Sheppard for a long time, and always regarded her as a person with whom no number of wrongs would make a right and with whom truth must prevail should the heavens fall. On this basis she superimposed the humanizing study and practice of medicine, to which she contributed everything that is generous, gentle, and kind. Dr. Sheppard came out to India a few years before the war to spend a season with me at the hospital at Amritsar. She was specially interested in the ophthalmological side, and under my guidance she became a competent operator in the section for cases of cataract and glaucoma. She was interested in the controversy I was conducting on the complete *versus* the partial extraction of the lens, and wished, among other things, to see for herself how the matter stood on large figures such as I had available. Like many others, she became a whole-hearted convert to intracapsular extraction." On her return Dr. Sheppard published a paper on "Extraction of Lens in its Capsule, with special reference to 'Jullundur' Smith Operation" (*British Medical Journal*, 1911).

